Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | SMALL TYPE | SMALL ENTITY TYPE | | OTHER THAN OR SMALL ENTITY | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------|----|-----------------------------------------|------------------------|--|
| FOR | | NUMBE | R FILED | NUMBER I | EXTRA | RATE | FEE | | RATE | FEE | |
| BA | SIC FEE | | | A | a de la companya de l | | 380.00 | OR | | 760.00 | |
| TO | TAL CLAIMS | 27 | minus 20= | * 7 | | X\$ 9= | | OR | X\$18= | 126 | |
| IND | EPENDENT CLA | AIMS (| (minus 3 = * / | | | X39= | | OR | X78= | 18 | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | +130= | | OR | +260= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | TOTAL | | OR | TOTAL | 964 | |
| | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | ENTITY | OR | OTHER SMALL | THAN | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * 30 | Minus ** | 27 | = 3 | X\$ 9= | | OR | X\$18= | 54- | |
| | Independent | * 6 | | ** 4 | = 2 | X39= | | OR | X78= | 168 - | |
| / | FIRST PRESEN | NTATION OF MU | JLŢIPLE DEPEN | IDENT CLAIM | | +130= | | OR | +260= | | |
| | | | | | | TOTA ADDIT. FE | | OR | TOTAL ADDIT, FEE | 222 | |
| i | 10-14-03 | (Column 1) | | (Column 2) | (Column 3) | ADDII. I L | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | The state of the s | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | .29 | Minus * | <u>* 30</u> | = | X\$ 9= | | OR | X\$18= | | |
| | Independent | * 6 NTATION OF MI | Minus * | ** NDENT CLAIM | = | X39= | | OR | X78= | | |
| • | | | | ··· | . | +130= | | OR | +260= | | |
| | | ٠. | | | | ADDIT. FE | | OR | TOTAL ADDIT. FEE | | |
| L | 1 : | (Column 1) | | (Column 2) | (Column 3) | | | _ | | | |
| AMENDMENTS | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus * | * | = | X\$ 9= | | OR | X\$18= | | |
| | Independent | * | Minus 4 | ** | = | X39= | | | X78= | | |
| | FIRST PRESE | NTATION OF M | JLTIPLE DEPE | NDENT CLAIM | | /// | 1 | OR | | | |
| # If the enter in column 4 is loop than the enter in column 0 | | | | | | +130= | | OR | +260= | | |
| ## | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDIT. FEE ON ADDIT. FEE | | | | | | | | | | |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | |